September 23, 2021

Governor Mike DeWine
77 S. High Street
30th Floor
Columbus, OH 43215

Dear Governor DeWine:

On behalf of the Ohio Hospital Association (OHA) and our 245 member hospitals and 15 health systems, I am writing to alert you to the dire situation in our state and the increasing stress that Ohio’s hospitals are under in dealing with the rapid increase in COVID-19 patients.

Many hospitals in Ohio are experiencing more COVID-19 patients in their hospital and intensive care units (ICUs) than they have seen at any point in the pandemic, including this past December’s peak. And even in hospitals that are not experiencing quite the same high volumes they experienced in December, their situation is more dire than in December because of intense staffing shortages. So, even though some hospitals are treating fewer patients than at other times during the pandemic, they are doing so with far fewer staff than was available to them during prior peaks. This crisis is not a function of hospitals being unwilling to hire additional staff; it is a function of there simply not being enough willing participants in the health care workforce to staff hospitals through this current surge of the pandemic.

Some data helps to illustrate the nature and extent of our current problem:

- In mid-July, Ohio hospitals were treating 200 COVID-19 inpatients. Today that number is 3,702. That is more than a 16-fold increase in two months.
- In mid-July, 1 out of 100 hospital patients was being treated for COVID-19. Today that ratio is 1 patient out of 6.
- In mid-July, 2% of patients being treated in the ICU were COVID-19 patients. Today 25% of patients being treated in the ICU are COVID-19 patients.
- Today, 40% of patients on a ventilator are being treated for COVID-19.
- Both Central/Southeastern Ohio and Southern Ohio are approaching their previous December peaks in COVID-19 hospital census and COVID-19 ICU patients.
- Northern Ohio has somewhat lagged the rest of the state in the current surge. However, hospital and ICU census has been rapidly rising, and we are seeing significantly more sharing and distribution of ventilators to hospitals in need of extra capacity than we saw during the last surge.
- Rural hospitals and children’s hospitals have been hit the hardest by the current surge.
  - Rural hospitals in Central, Southeastern and Southern Ohio are treating the highest levels of COVID-19 patients than at any time during the pandemic.
  - In rural, Southeastern Ohio, hospital ICUs are not only at their highest level than at any time during the pandemic, but are 30% higher than the winter surge.
In Southeast Ohio, half of hospitalized patients are being treated for COVID-19 and two-thirds of the patients in the ICU are being treated for COVID.

In children’s hospitals, COVID-19 census is more than double the previous winter surge, at a time when they are battling an unusual surge in Respiratory Syncytial Virus (RSV), which can be very serious in children and also require ICU care.

The census of COVID-19 patients in children’s hospital ICUs is more than triple the winter surge.

Since August 20, the average number of pediatric cases admitted to hospitals daily has increased 12-fold.

- The patients being admitted to the hospital are much younger than at other times during the pandemic. Hospitals are seeing a 50% higher rate of hospitalization among 30-49 year-olds, while those over 70 years-old are being admitted to the hospital at less than half the rate as this past winter.

Ohio’s hospitals always strive to provide the highest quality care to all patients, and they will continue to do so in all cases. However, hospitals’ ability to treat all patients consistent with their normal standards is becoming increasingly difficult because their resources are being stretched so thin. Though hospitals generally continue to have the physical plant necessary to manage the influx of patients, they are extremely stressed by a lack of adequate staffing, especially nurses. The past eighteen months have taken a massive toll on the health care workforce. Nurses are among the most devoted of health care professionals, but even they have a breaking point. Many nurses have retired or otherwise left the profession because of the immense physical and mental pressure of caring for so many critically ill patients over such a long period of time. And those nurses, respiratory therapists, and other clinicians who remain and have withstood the onslaught for eighteen months are crying out for help. At the same time, hospital clinical and human resources leaders are doing all they can to develop innovative models of care that maximize the efficiency and effectiveness of the health care workforce under such challenging circumstances.

Hospital and health care resources are not unlimited. When hospital resources, including staff, are stretched so thin, hospitals’ ability to care for patients can be compromised. Some member hospitals are reporting their need to divert patients away from their emergency departments because they do not have the capacity or staff to treat them; having several ambulances lined up at the door waiting to drop off patients but being unable to do so because the hospital simply cannot receive them; patients waiting for ten hours in an emergency department before they can even be seen by a health care professional to triage them; having to shut down certain units or cancel certain procedures and other services in order to re-deploy staff to critical care units. These are examples of the adverse impact on patient care in the current environment.

In addition, hospital leaders are very concerned that flu season is fast approaching. Last year’s flu season was extraordinarily mild, in large part because of the mitigation efforts that the public undertook to slow the spread of COVID-19 (masking and social distancing). In fact, during the 2020-2021 flu season, there were only 122 hospitalizations for flu. However, there is good reason to believe that this year’s flu season will be much more intense than last year’s, as mitigating measures such as masking and social distancing have become less a part of the public’s response to the pandemic. The average number of flu hospitalizations for the 2017-2020 flu seasons was 13,155. Accordingly, if, as expected, we experience a more normal flu season, we expect to see an influx of hospitalizations at a time when hospital resources are already under
significant strain. And pediatric flu cases are expected to be substantial, particularly in regions where masks are not being utilized to prevent the spread of COVID-19.

It is important to note that the strain on hospitals does not just impact COVID-19 patients. It affects all patients. Those who have a stroke or a heart attack may be one of the patients waiting in an ambulance for a hospital bed to open. Those with a scheduled surgical procedure may have their procedure cancelled indefinitely, resulting in further complications in the future. Those who recently received a cancer diagnosis may have their initial treatment delayed. Those who suffer an injury in a car accident may wait for hours in an emergency department before they can be seen. Those who suffer a drug overdose may not receive life-saving treatment and the opportunity to turn their life around. These examples may sound dramatic, and they are. However, they are also true, and they are happening in Ohio.

I believe it is my obligation to provide you with a clear picture of the state of the hospital community in Ohio, as I have described above. Ohio hospitals have worked tirelessly through this pandemic and weathered many storms, from shortages of PPE to supply chain challenges to leading testing and vaccination efforts to working together to share resources, and many others, and they will continue to work with each other and you and your team to weather this current storm. Thank you for your strong leadership as we collectively work to keep Ohioans safe and healthy and to encourage the unvaccinated to receive a vaccine. OHA and our member hospitals appreciate our ongoing partnership to put this pandemic behind us as soon as possible.

Sincerely,

Mike Abrams
President and CEO